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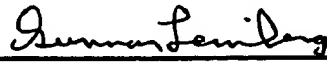
01/23/2006 PLEWIS 00000004 141138 09745011

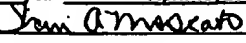
01 FC:1202	1650.00 DA
02 FC:1202	600.00 DA

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 3176)		Complete if Known	
<b>FEE TRANSMITTAL FOR FY 2005</b>		Application Number	09/745,011
		Filing Date	December 20, 2000
		First Named Inventor	Paul Gulko
		Examiner Name	Vanel Frenel
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3626
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	GFM-00101 (803970/100)

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account            Deposit Account Number: <u>14-1138</u> Deposit Account Name: <u>Nixon Peabody LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
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<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH AND EXAMINATION FEES</b>							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
<u>Fee Description</u>						<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200	100
Multiple document claims						360	180
<u>Total Claims</u>		<u>Extra Claims</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
99	- 66 or HP =	33	x	\$50	=	\$1,650	
HP -- highest number of total claims paid for, if greater than 20						<u>\$360</u>	<u>\$0</u>
<u>Indep. Claims</u>		<u>Extra Claims</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
3	- 3 or HP =	0	x	\$200	=	\$0	
HP -- highest number of independent claims paid for, if greater than 3							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>		<u>Extra Sheets</u>		<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 =	_____	/ 50 =	_____	(round up to a whole number)	x	=
<b>4. OTHER FEE(S)</b>							
Non-English Specification,						\$130 fee (no small entity discount)	_____
Other:						_____	_____

<b>SUBMITTED BY</b>			
Signature		Registration No. 35,584 (Attorney/Agent)	Telephone (585) 263-1014
Name (Print/Type)	Gunnar G. Leinberg		Date April 13, 2005

<b>CERTIFICATE OF MAILING OR TRANSMISSION [35 CFR 1.8(a)]</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____ on <u>April 13, 2005</u>	
Signature:	
Name:	Sherri A. Moscato

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<b>OFFICE TRANSMITTAL FOR FY 2005</b> JAN 13 2006 Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/745,011
		Filing Date	December 20, 2000
		First Named Inventor	Paul Gulko
		Examiner Name	Vanel Frenel
		Art Unit	3626
TOTAL AMOUNT OF PAYMENT (\$600)		Attorney Docket No.	GFM-00101 (803970/100)

### METHOD OF PAYMENT (check all that apply)

- ☒ Check  
 ☐ Credit Card  
 ☐ Money Order  
 ☐ None  
 ☐ Other (please identify): \_\_\_\_\_
- ☐ Deposit Account  
 Deposit Account Number: 14-1138  
 Deposit Account Name: Nixon Peabody LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below  
 ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  
 ☒ Credit any overpayments

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>		
<u>111</u> - 99 or HP = <u>12</u> x <u>\$50</u> = <u>\$600</u>		
HP = highest number of total claims paid for, if greater than 20		
<b>Indep. Claims</b>		
<u>3</u> - 3 or HP = <u>0</u> x <u>\$100</u> = <u>\$0</u>		
HP = highest number of independent claims paid for, if greater than 3		

#### 3. APPLICATION SIZE FEE

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>111</u> - 100 = <u>11</u> / 50 = <u>0.22</u> (round up to a whole number) x <u>\$125</u> = <u>\$275</u>				

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

### SUBMITTED BY

Signature	<u>Gunnar G. Leinberg</u>	Registration No. 35,584 (Attorney/Agent)	Telephone (585) 263-1014
Name (Print/Type)	Gunnar G. Leinberg	Date	January 13, 2006

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